

| POSITION                  | INITIALS | ID NO. | DATE       |
|---------------------------|----------|--------|------------|
| FEE DETERMINATION         | M        |        | 03/13/90   |
| O.I.P.E. CLASSIFIER       | X3       |        | 03/13/90   |
| FORMALITY REVIEW          | H-5      | 866    | 6411650164 |
| RESPONSE FORMALITY REVIEW |          |        |            |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
| 1        | ✓    |
| 2        | ✓    |
| 3        | ✓    |
| 4        | D    |
| 5        | D    |
| 6        | D    |
| 7        | ✓    |
| 8        | ✓    |
| 9        | ✓    |
| 10       | ✓    |
| 11       | ✓    |
| 12       | ✓    |
| 13       | ✓    |
| 14       | N    |
| 15       | N    |
| 16       | N    |
| 17       | ✓    |
| 18       | O    |
| 19       | O    |
| 20       | O    |
| 21       | O    |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet there.

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